

### SONOMA COUNTY

At the April Meeting of our society we listened to a very instructive and humorous talk on constipation by our genial state secretary, Dr. Saxton Pope.

The society also went on record in favor of the limitation of the practice of Anesthesia to regularly licensed physicians and surgeons.

### TWENTY-EIGHTH SEMI-ANNUAL MEETING.

The Twenty-eighth Semi-Annual Meeting of the Northern District Medical Society was called to order March 9th, 1920, at 11 a. m., in the Elks Hall, Chico, by Dr. Barnard, President.

Dr. Harold Zimmerman demonstrated X-ray plates, diagnosing eleven obscure cases. Discussed by Dr. Bollinger and by Dr. Peers, who reported an excellent diagnosis by Dr. Zimmerman of a small bone in one of the bronchioles.

Dr. Frank Reardon took up in detail the complications he had met in Post-Influenzal cases of the epidemics of 1918 and 1920. Dr. Gundrum in discussion gave a brief history of the epidemics of Influenza. All agreed that the causative organism was unknown and the only treatment was stimulation, except Dr. Parkinson who sharply objected to the value of whisky.

Dr. Peers' paper plainly showed the value of a full routine history of suspected Tubercular cases.

Dr. A. K. Dunlap read a paper on "Dislocation and Fracture of the Carpal Bones," and Dr. J. B. Harris reported a case of Dislocation of the Semilunar Bone with a failure by closed methods and successful function after removal of the Semilunar.

The State Indemnity Fund, discussed by Dr. Parkinson, brought only adverse criticism by Drs. Dameron and Barr.

Dr. Hale's paper on "Hydronephrosis" was fully illustrated by lantern slides of cases which he had handled.

Dr. Schoff read a paper on the value of Radium and illustrated his excellent results by photographs.

Dr. Dameron reported cases of primary Tumors obstructing the large bowel and pleaded for a simple ceco-sigmoidostomy and no resection, as during the last eight years his patients have lived, whereas formerly following big resections they all died.

Dr. Enloe reported three cases all of which survived the operation but died from later Metastases.

Dr. Dewey Powell showed that Vincent's Angina was much more common than thought, due to the failure to make smears of all membranes. He reported Fowler's solution applied after the removal of the membrane as practically a specific.

Our guest, Dr. Stanley Stillman, gave a most excellent and practical paper on the "Post-operative Management of Abdominal Cases." A few of the points brought out were as follows:

Shock-prevention by limiting all abdominal assaults to less than one hour; uses Adrenalin and warm blankets. Mild Catharsis 36 hours before operation; enemas after. Vomiting-routine stomach lavage; if persist after peristalsis indicates post-operation obstruction.

Post-operative: Restrict Opium. Acute dilatation characterized by recurrent vomitings of small amounts of dark fluid. Prompt lavage and repeat two hourly. As no absorption from stomach, no water until peristalsis, which is shown by Stethoscope. Meanwhile water by rectum 6 to 8 ounces every 4 or 5 hours in preference to drip method.

Gas pains friction raw surface bowel against bowel or peritoneum. If adhesions desired give Opium. No Catheterization of conscious patients. Paralytic ileus—has found Pituitrin of no use. Drains—only if walled off abscesses. Remove drains slowly and use the true Fowler's position. In diffuse peritonitis sew up tight.

Stomach cases: Immediate Fowler's; fluid started when peristalsis. Infants wrap in cotton—kept on table in warmed blankets; feed early post-operative.

Discussion by Drs. Gundrum, Fairchild and Dameron. Dr. Dameron reported his results of the last 12 years during which he has immediately tightly closed all abdomens.

New members admitted were: H. Bolinger, J. E. Nelson, Lodi; C. E. Schoff, F. Reardon, N. G. Hall, Sacramento; C. S. Durand, Colfax; Mary B. Poket, Tehama; Ida A. Beck, Gridley; P. B. Hoffman, Marysville; P. L. Hamilton, E. E. Baumeister, F. L. Meyers, Chico.

The meeting was fully attended, the papers instructive and well illustrated, and all who attended profited thereby. A most elegant banquet served at the Hotel Oaks and accompanied by excellent music made all wish that the meetings at Chico were more frequent.

### Notice

Dr. W. W. Fraser of Richmond, Cal., reports the theft of a B. & L. microscope from his office recently. If such a microscope is offered for sale to any doctor, he is requested to investigate ownership.

## The Reason Why Twelve Patients Entered the Sanatorium Too Late

BY ROBERT A. PEERS, M. D., Colfax.

Note: The following article is so good and so worthy of attention from physicians, that it is reprinted from "The Tea Bee," February, 1920.

Number one thought his cough was "bronchial." He was sure it could not be due to tuberculosis as "There was no consumption in his family." So he tried to "wear it out." When he himself was worn out and consented to enter a sanatorium it was too late.

Number two knew that his chills and fever were due to malaria. The cough he said was "only the cough that goes with malaria." So he took "Mother Skinnem's Chill Tonic" and the tubercle bacillus worked while he slept. Later he slept with his fathers.

Number three thought his cold and malaise due to mental error. Some kind deluded friend told him there were no such things as germs or disease and that what he believed to be a cough and fever were really only evidence of the failure to think properly and while he wasted his substance on mental healing and un-Christian non-science the germs which he thought so absurd put in overtime at double-pay. The sanatorium could not help him when he at last discovered the truth and now his mental errors are covered by six feet of earth.

Number four was told that the pain in his side and the tired feeling were due to "a bone out of place in the back." He was told that this could be rubbed back into place and that then he would be all right. He wasted several months on back rubbing and entered the sanatorium just too late to be helped.

Number five went to a careless doctor. The doctor was in a hurry that day in order to get to his Golf Club and so he gave the patient a prescription for a cough medicine and told him to come around in a couple of weeks if he didn't feel better. Number five took three or four bottles of the medicine, getting the bottle refilled without consulting the doctor. When he did go back and the doctor had time to examine him thoroughly it was too late and the sanatorium could not help him.

Number six went to a "busy" doctor. Many patients filled the office. The doctor gave him two minutes and told him he was all right and needed only a tonic and a few weeks in the mountains where he could rough it. He listened to his chest without removing his clothing, wrote a prescription and sent him away with advice to take plenty of exercise. He did and by the time that he reached a physician who stripped off his clothing before examining him and who had sense enough to tell him that rest in bed is the treatment for tuberculosis he was too far advanced for the sanatorium.

Number seven went to a tender hearted (?) doctor who could not bear to tell his patient he had tuberculosis for fear it might frighten him. The doctor told him he had bronchitis and advised him to rest in bed, take milk and eggs and get plenty of fresh air. But the patient thought "If I have nothing but bronchitis, I should worry" and promptly decided not to rest but rather to go on with his work and when he became so ill that his true condition could not be kept from him it was too late to help him.

Number eight went to a doctor who had great faith in drugs and but little knowledge of the wonderful reconstructive power of rest in bed. Therefore he gave his patient a tonic, a cough medicine and a bottle of pills and had him come to his office for a hypodermic treatment twice a week. But he failed to take his temperature and did not know that what the patient needed was rest in bed until his acute symptoms were gone. And when the patient learned that he should go to bed as well as take medicine the time for cure had passed.

Number nine had just passed an examination for life insurance a few weeks before a doctor looked him over because of a chronic cough and a tired feeling. Therefore he didn't believe the doctor when he said he had tuberculosis but hunted up another doctor who told him he was only a little run down and had "catarrh" and that if he had his tonsils out he would be all right. But the operation for removal of his tonsils caused an acute extension of his disease from which he never recovered.

Number ten noticed that he tired easily and that he was losing weight. He also worried over a slight cough which troubled him in the morning. He was afraid he might have tuberculosis because a brother had died of that disease a few years earlier. He thought all patients with tuberculosis died, was afraid to go to a doctor for fear the doctor would tell him he had that disease. And so he hid his troubles until it was too late.

Number eleven was told he had tuberculosis and could be cured but he was getting along well in business and felt that he must really stay and look after his interests for another three months. He said his tuberculosis came at just the worst possible time as he had so many things to attend

to he really couldn't afford to go to a sanatorium; so he put off going until he felt he could leave his business and when he left he left for good.

Number twelve was a hard working mother with a large family of children. She had so many things to do that she didn't have time to be sick. Besides she was expecting that soon there would be another little hungry mouth to fill and she thought her tired feeling due to overwork, which it was, except that the toxins of tuberculosis helped make her more tired than usual. And so she kept on and would not give up or seek medical care until she was almost ready to go to bed forever and the sanatorium could not help her. And her case was the saddest of all because she didn't have half a chance.

## For Discharged Soldiers

A discharged soldier can receive treatment at the hands of the Public Health Service, to which he is entitled as a beneficiary of the Bureau of War Risk Insurance, through one of a number of channels.

(1) He can apply directly to the examiner of the Public Health Service in his locality presenting evidence in the form of an honorable discharge of his right to such treatment. He will at once be examined, treated, and provision made for hospital care should such be necessary. The examiner will also instruct and aid him in making out the necessary forms to be forwarded the War Risk Insurance Bureau, and also the necessary application to be made in order to become a claimant of the Federal Board for Vocational Education.

(2) The discharged soldier can apply to the Bureau of War Risk Insurance by letter requesting examination and treatment as its beneficiary. The War Risk Insurance Bureau then notifies the District Supervisor of this request who in turn notifies the patient to report to an examiner, giving the examiner's name and address, and issuing him transportation if travel is necessary to carry out the request. Upon presenting himself to the examiner, he is cared for in the above manner.

(3) The discharged soldier can apply to the American Red Cross, American Legion, to his county or State Board of Health, or to other organizations interested in his welfare, who through the publicity of the War Risk Insurance Bureau and the Public Health Service, will either direct him to the nearest examiner of the Public Health Service or will take up his case with the Public Health Service of the district in which he resides, who proceeds at once to notify the patient to report for examination, as indicated under (2).

The examiner is authorized to obtain the advice and services of consultants for a patient, should such be necessary, and if hospital care is deemed advisable, to place him in the hospital upon the direction of the District Supervisor, either locally if his case can be cared for locally, or in a hospital unit where the services of special consultants can be obtained. Upon the discharge of a patient from the hospital, a report of physical examination is submitted to the District Medical officer of the Federal Board for Vocational Education, and the patient is notified of his rights as a claimant of that Board for training, and as he ceases to be a patient of the Public Health Service, his case is turned over to the Federal Board for further disposition.